## FINANCIAL DISCLOSURE STATEMENT

RECEIVED

For the calendar year

2008

JAN 21 2009

State Form 40876 (R10 / 7-06)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-8

OFFICE OF Checkifthis is an amendment to your current statement.

Please read guidelines on page 4.				i	
Name (last)	Name (first)	`	Name (middl		
BENNETT	CHAPU	FS	AA	ITHONY	
Spouse's name (last)	Name (first)		Name (middle	e) .	
BENNETT	TINA		KEE	FLE	
Office address (number and street)	City .		ZIP code		
STATEHOUSE, ROOM 228	INDIA	NAPOUS	40	704	
Office telephone number	Email address (r	1	•		
(317) 232-6611	tbenne	ttodoe, m	.90V		
				·	
I am filing this statement as a: (please select one)	Candidate for office	☐ Incumbent offic	eholder [	State employee	
Office or agency	Job title	- 1 1	c 1.0.	T10-2.10-1	~·/
DEPARTMENT OF EDUCATION	SUPERIN'	TENDENT OF	- MBUC.	LNSTKUCTI	
EACH PART MUST BE ANSWERED. V	vords in <b>Bold it</b> ?	VLICS ARE INCL	UDED IN THE	DEFINITIONS	
			<b>№</b>		
If you have information to report below, select YES. If no info		Yes	X No		n wyy i tani
List the name and address of any <i>person</i> known to have a a	PART 1 - GIFTS	h the agency of the	state officer or en	onlovee or the office	sought by
the candidate, and from whom the state officer, candidate, of having a total fair market value in excess of one hundred doll	or the employee, or that in	dividual's spouse or	unemancipated	children received a	gift or gifts
Name (last)	Address (city)			ZIP code	
		:			
Name (last)	Address (city)			ZIP-code	
				1.5	•
Name (last)	Address (city)		. ,	ZIP code	
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If you have information to report below, select YES. If no info	rmation, select NO.	Yes	<b>JX</b> No		·
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List the location of all real property in which you, your spouse, of dollars (\$5,000) or more or comprising ten percent (10%) of vinclude your residence unless it also serves as income proper	your net worth or the net v	dren have equitable of worth of your spouse	r legal interest eil or your uneman	her amounting to five cipated children. You	e thousand u need not
Property and its location	<u> </u>				
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Property and its location		-			
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roperty and its location	· · · · · · · · · · · · · · · · · · ·				
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If you have information to report below, select YES. If no infor	mation, select NO.	Yes	☐ No		
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List the name of your <b>employer(s)</b> and the employer(s) of you	r spouse and the nature of	each employer's bu	siness.		
our employer		Nature of business			
·					
pouse's employer		Nature of business			
CLARKSVILLE COMMUNITY SCHOOL	5	HS Pein	ICIDAL "		

If you have information to report i	below, select YES. It						
	PART 4 - S	OLE PROPRIETORSH	IIP OR PROFES	SSIONAL PRA	CTICE		o de mobello de la co
List any sole proprietorship owner	d or professional pra	ctice operated by you c	or your spouse a	and the nature	of the business.		
Name of your business			Nature of busin	ess			
Name of spouse's business			Nature of spous	se's business			
	· 						
Do any clients for these businesses lists	ed aboye have a busine	ess relationship with your	agency (or in the	case of a candid	late, with the office	sought)?	
☐ Yes ☐ No					####		
List the name of any client or custome	r from whom you or yo	our spouse received more	than thirty-three	percent (33%) o	f your (or your spo	ouse's) non-state i	income in a year
	· .					····	
							<del></del>
If you have information to report b	elow, select YES. If		·········	☐ Yes	X No		ero a santifici di il
			RTNERSHIPS				
List any partnership in which you o	r your spouse is a m	nember and the nature		<u>'</u>		·	<u> </u>
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	COMMENTS		•	
Please place any comments in the fields below.	A CONTRACTOR OF THE PROPERTY O			
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•	AFFIRMATION			
I swear or affirm, under the penalty of perjury complete, and correct to the best of my knowl understand that I may file an amended statement is subject to a civil penalty at the radelinquent or deficient. The maximum packnowledge awareness of Indiana Code 4-statement dommits a class A infraction.	ledge and belief. atement upon discovery of -2-6-8(d) under which a fai ate of not more than ten do enalty under this subsec	f additional info llure to file in a t llars (\$10) for e ction is one th	rmation required to imely manner or fil ach day the state ousand dollars (\$	o be reported.  ing a deficient ment remains 1,000). I also
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Mail or deliver to the following address:

1-20-09

Office of the Inspector General 150 West Market Street, Suite 414 Indianapolis IN 46204-2026 Telephone: (317) 232-3850